

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 06/437607	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	2					
26	2					
27	2					
28	2					
29	2					
30	2					
31	/					
32	/					
33	/					
34	3					
35	3					
36	3					
37	3					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	21					
TOTAL CLAIMS	111					

PTO-1360 (3-78)

TOTAL IND.	10
TOTAL DEP.	21
TOTAL CLAIMS	111